



VILLAGE OF WAPPINGERS FALLS
Office of Building, Planning & Zoning
Office of Code Enforcement / Office of the Fire Inspector
2582 South Avenue, Wappingers Falls, NY 12590
Phone: (845)297-5277 fax: (845)296-0379
E-Mail: bmurphy@wappingersfallsny.org
www.wappingersfallsny.gov

Fire Safety Permit Application

- 1 ☐ Automatic Sprinkler System
- 2 ☐ Fire Alarm – NYS Licenses required
- 3 ☐ Commercial Cooking Equipment
- 4 ☐ Clean Agent Fire Extinguishing System – (Shall conform to the requirements of the National Fire Protection Association NFPA 2001, of the edition 2012.)
- 5 ☐ Fire Escape – Install, Repair and Alterations.
- 6 ☐ Standpipe System
- 7 ☐ Fire Hydrant - water main.
- 8 ☐ Fire Pump
- 9 ☐ Fire Department Connections

Required Submittals

- ☐ Building Construction Drawings shall include two (2) sets of all drawings, specifications, and hydraulic calculations at permit application time. **Each set of plans and calculations must be stamped and signed by the design professional that prepared them.** System drawings shall fully conform to the National Fire Protection Association (NFPA) 13, 13R or 13D of the 2013 edition with regards to the design, installation and plan layout specifications.
- ☐ Manufacturer's specifications for all equipment or appliances must be included with the permit application.
- ☐ Worker's Compensation- Proof of insurance must be submitted from the contractor at the time of application\ Accepted Forms
 - U26.3 – Certificate of workers' Compensation Ins (NYS Insurance Fund Only)
 - C105.2 (9/07) Certificate of Worker's Compensation Insurance
 - GSI 105.2 (2/02) – Certificate of Participation in Workers' Compensation

Required Inspections

Prior to acceptance test, the contractor shall notify the Village of Wappingers Falls Office of Code Enforcement at least forty-eight (48) hours in advance and schedule an inspection.

- 1¹ - Rough inspection
- 2¹ - Final inspection and test.

If installing fire sprinkler system the contractor shall do a complete test of the system before the fire inspector is called for the acceptance test.

VILLAGE OF WAPPINGERS FALLS

FIRE SAFETY PERMIT APPLICATION

BUILDING PERMIT APPLICATION # _____ -- _____

APPLICANT : _____

ADDRESS : _____ PHONE : _____

BUILDER : _____ (Road:Town,County, State or Private) E-MAIL: _____

ADDRESS : _____ PHONE : _____

DESIGN PROFESSIONAL NAME: _____ PHONE: _____

ADDRESS : _____ E-MAIL: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS : _____ E-MAIL: _____

BUILDING SITE LOCATION : _____

TAX GRID NUMBER : #06 _____ --- _____ --- _____

ZONING DISTRICT : _____ Fire Deapartment [] SW Johnson [] WT Garner

Existing Structure Information :

Number of Stories : _____ Number of Dwelling Units: _____

No. of Commercial Uses: _____ Finished Basement ? _____

(Check all that apply.)

- | | |
|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Automatic Sprinkler System | <input type="checkbox"/> Stand pipe System |
| <input type="checkbox"/> Fire- Alarm - NYS Licenses Required | <input type="checkbox"/> Fire Hydrant - Water main |
| <input type="checkbox"/> Commercial Cooking Equipment | <input type="checkbox"/> Fire Pump |
| <input type="checkbox"/> Clean Agent Fire Extinguishing System | <input type="checkbox"/> Fire Department Connections |
| <input type="checkbox"/> Fire Escape | |

PROJECT DESCRIPTION : _____

Setbacks :

Distance of Structure from ... Front Line: _____ Rear Line : _____ Left Side : _____ Right Side: _____

Road Frontage (feet) : _____ Lot Area (acres) : _____

[] Estimated cost of Project: _____

Required Submittals:

- ☐ Construction Drawings stamped and Signed (2 sets)
- ☐ Consent Form from Homeowner
- ☐ INSURANCE / WORKERS COMPENSATION
- ☐ Manufacturer's Specifications

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises for purposes of inspections prior to the issuance of the Certificate of Occupancy. All inspection are listed on Building Permit. All applications MUST be completed before review by an inspector.

Signature of Owner/Contractor/Agent

Date Signed

Zoning Dept. Use:

[] FEE : _____ Receipt # _____ Cash /Check # _____ Total Paid : _____

[] Code Enforcement Officer Approval

Date

VILLAGE OF WAPPINGERS FALLS

APPLICATION FOR A BUILDING PERMIT

IMPORTANT NOTICES: READ & SIGN

1. Work conducted pursuant to a building permit must be visual inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owners wishes to have an inspection conducted . More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall)

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. **OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDE, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issue unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form BP-1 attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been Issued. Section 64-9 (a) Village Code
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. The permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful Contractor /Agent of said owner and affirm under the penalty of perjury that all statements made by me on this applications are true.

Signature of Owner/Contractor/Agent

Date Signed

VILLAGE OF WAPPINGERS FALLS
CONSENT FORM

Name of property owner: _____

Address of property owner: _____

Phone number of property owner (Include home, work and mobile number):

Address of site where work is being conducted: _____

Description of work: _____

Name of person doing work: _____

Address of person doing work: _____

Phone number of person doing work (Include home, work and mobile numbers):

I, as property owner for the above mentioned property, am aware of all work described above and give my consent to the aforementioned person to do the work.

Signature of Property Owner

Date Signed